CANDIDATE PETITION Notes: - All information on this form becomes a public record upon receipt by the Supervisor of Elections. - It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, Florida Statutes] - If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.			Re-Elect ANNA ESKAMANI
Ι,		the undersigned, a regis	stered voter Working For You, Fighting For Us
(print name as it appoint in said state and county, petition to have the placed on the Primary/General Election Bal		mani	www.AnnaForFlorida.com anna@annaforflorida.com 407-801-4896
Nonpartisan No party affiliation Democratic Party candidate for the office of State Representative, District 42			he office of P.O. Box 536154, Orlando, FL 32853-6154
(insert title of office and include district, circuit, group, seat number, if applicable) Date of Birth or Voter Registration Number Address (no P.O. boxes) (MM/DD/YY) Address (no P.O. boxes)			Email Address
City	County Orange	State Zip Code FL	
Signature of Voter		Date Signed (MM/DD/YY [to be completed by Voter	

Please mail to: Anna for Florida House P.O. Box 536154 Orlando, FL 32853-6154 *Thank you!*